

Space Maintenance

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[Instructions for Use](#)

Table of Contents	Page
Coverage Rationale	1
Definitions	1
Applicable Codes	1
Description of Services	2
References	2
Guideline History/Revision Information	2
Instructions for Use	2

Related Dental Policies
None

Coverage Rationale

Space Maintainers are indicated for maintaining space due to premature loss of a primary tooth/teeth.

Space Maintainers are contraindicated for the following:

- When permanent tooth/teeth is/are close to eruption
- Member is not compliant or has poor oral hygiene
- Severe crowding already exists
- Space has already been lost

Definitions

Space Maintainer: A passive appliance, usually cemented in place, that holds teeth in position. (ADA)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
D1510	Space maintainer – fixed – unilateral – per quadrant
D1516	Space maintainer – fixed – bilateral, maxillary
D1517	Space maintainer – fixed – bilateral, mandibular
D1520	Space maintainer – removable – unilateral – per quadrant
D1526	Space maintainer – removable – bilateral, maxillary
D1527	Space maintainer – removable – bilateral, mandibular
D1551	Re-cement or re-bond bilateral space maintainer – maxillary
D1552	Re-cement or re-bond bilateral space maintainer – mandibular
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant
D1556	Removal of fixed unilateral space maintainer – per quadrant
D1557	Removal of fixed bilateral space maintainer – maxillary

CDT Code	Description
D1558	Removal of fixed bilateral space maintainer – mandibular
D1575	Distal shoe space maintainer – fixed – unilateral – per quadrant
D1999	Unspecified preventive procedure, by report

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Description of Services

Space Maintainers are passive appliances designed to prevent tooth movement following premature loss of primary teeth so permanent teeth can erupt into proper position. Additionally, the goal of space maintenance is to prevent loss of arch length, width and perimeter by maintaining the relative position of the existing dentition.

References

Alnahwi HH, Donly KJ, Contreras CI. Space loss following premature loss of primary second molars. *Gen Dent.* 2015 Nov-Dec;63(6):e1-4. Erratum in: *Gen Dent.* 2016 Jan-Feb;64(1):79.

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American Dental Association (ADA) CDT 2023 Dental Procedure Code Book.

American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.

Basavaraj Subhashchandra Phulari. *Orthodontics: Principles and Practice.* Chapter 19 Preventive Orthodontics. Jaypee Brothers Medical Publishers; 2011. p. 244-245.

Peterson and Davis. *Atlas of Pediatric Dentistry.* Space Management in Pediatric Dentistry. Available at: <http://depts.washington.edu/peddent/AtlasDemo/space002.html>. (Accessed September 1, 2023).

Guideline History/Revision Information

Date	Summary of Changes
12/01/2024	<p>Template Update</p> <ul style="list-style-type: none"> Modified font style; no change to policy content
02/01/2024	<p>Template Update</p> <ul style="list-style-type: none"> Updated <i>Instructions for Use</i> to clarify this policy applies to both Commercial and Medicare Advantage plans
12/01/2023	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Removed content addressing coverage limitations and exclusions <p>Definitions</p> <ul style="list-style-type: none"> Removed definition of "Necessary" <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version DCG035.07

Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard and Medicare Advantage dental plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.